



Supported Accommodation Application Form

Strictly Confidential

The Application/Referral form is designed to gather as much information as possible about you, the applicant. It is essential that the information given is as complete and correct as possible. The information will be used to assess your suitability for the support services for which you have applied, and to ascertain whether the Bridge Trust can meet your support needs

Information given on this form will be treated as strictly confidential. If you need help to complete this form please do not hesitate to contact us. This form is available in a Large Print version. Interpretation or translation into other languages can be arranged on request.

Section 1 – Applicants details

Surname.....

First Name (s).....

Present/Last Address.....

.....

.....

.....Post Code.....

Telephone.....

Previous/Other Names.....

Are you: Male Female

What is your Date Of Birth?.....AGE.....

What is your National Insurance Number?

Marital Status – Are you (please tick one): SINGLE MARRIED SEPARATED

DIVORCED WIDOWED

Are you responsible for any children or other dependents?

YES NO

If you have ticked 'Yes', please give details of your responsibilities on an additional sheet.

Are you currently, or about to become homeless? YES NO

Have you applied to The Bridge Trust before? Yes No

When?.....

Section 2 – Applicant’s Circumstances

Please explain why you are applying for accommodation (why you are homeless or about to become so). If you are currently living in a hostel or other form of supported housing please explain how you became homeless before you moved into your present home;

Please give your previous 3 addresses on a separate sheet, setting out how long you lived there, the type of accommodation it was, why you left, and whether you owed any rent upon leaving.

Do you have any arrears owing to any previous Landlord? Yes No

If YES please state the address of the property, how much, and who to:

Your Present Accommodation

Please can you tell us about where you are currently living. Are you (*circle as appropriate*):

Housing Association tenant	Registered Care/ Nursing Home
Local Authority tenant	Self-contained supported housing
Private tenant	Hospital
Owner Occupier	Temporary accommodation
Living with family or friends	Homeless - Rough sleeping
Prison	Homeless – Sofa-surfing
Approved probation/bail hostel	Children’s home/foster care

Other (please give details).....

Benefits/ Income

Please indicate below (tick) if you receive or are waiting to hear if you will receive any of the following benefits or income that you receive:

Income/Benefit Type	Yes/No	Amount
Wages/Salary		
Housing Benefit:		
Educational-maintenance allowance:		
Disability Living Allowance - Care Component:		
Disability Living Allowance - Mobility Component		
Job Seekers Allowance (JSA):		
Incapacity Benefit/Employment Support Allowance		
Income Support:		
Widow's Pension:		
Attendance Allowance (High or Low rate)		
State Pension		
Occupational Pension(s)		
Disability Working Tax Credit		
Working Tax Credit		
Other benefits (please state which benefit)		
Do you have any savings? Please state total £'s.		

Employment/ Training

Are you employed?	Yes / No (circle as appropriate)
If yes, is it full time or part time?	
Is your employment permanent or temporary?	
What is your average weekly wage before tax?	£
Are you undertaking Further Education or other training?	Yes / No (circle as appropriate)
Are you engaged in any volunteer work?	Yes / No (circle as appropriate)
If yes, please give details:	

Care Programme Approach (CPA)

Do you have a specific Mental Health problem/diagnosis?	Yes / No (<i>circle as appropriate</i>)
If yes, please give details:	
Are you currently under CPA	Yes / No (<i>circle as appropriate</i>)
If yes, at what level	Standard / Enhanced (<i>circle as appropriate</i>)
Who is your care co-ordinator:	
Name: Job Title:	
Address:	
.....	
..... Tel No.	

Prior Knowledge

Do you personally know any other people who have lived or are living at a Bridge Trust project?

Yes No (*circle as appropriate*)

If yes, please describe how you know them:

Support Required

Please use this area to indicate the areas of support that you require. It is this information that will form the basis of the support plan if the application is successful. We are specifically set up to provide support linked to accommodation – regrettably applicants who do not have any support needs cannot be accepted.

Please tick below the areas that you need support with.
To be considered for assessment you must identify your support needs:

	Yes	No
1. Budgeting welfare benefits - Ability to manage money and access benefits	<input type="checkbox"/>	<input type="checkbox"/>
2. Training and employment - wanting to access	<input type="checkbox"/>	<input type="checkbox"/>
3. Education/ literacy - wanting to access	<input type="checkbox"/>	<input type="checkbox"/>
4. Social Activity - Hobbies, recreational activities- help to access	<input type="checkbox"/>	<input type="checkbox"/>
5. Family - Assistance to maintain links	<input type="checkbox"/>	<input type="checkbox"/>
6. Independent living skills - To learn to live independently - Cooking, shopping, cleaning	<input type="checkbox"/>	<input type="checkbox"/>
7. Health and Lifestyle - How you manage own health, alcohol/ drug use.	<input type="checkbox"/>	<input type="checkbox"/>
8. Personal safety/vulnerabilities - Ability to identify risk and maintain own safety	<input type="checkbox"/>	<input type="checkbox"/>
9. Emotional well being/mental health - State of mind and mental health condition	<input type="checkbox"/>	<input type="checkbox"/>
10. Physical limitations - Ability to manage on a day to day basis - Aids and adaptations	<input type="checkbox"/>	<input type="checkbox"/>
11. Culture and faith - Support to pursue personal beliefs	<input type="checkbox"/>	<input type="checkbox"/>
12. Future choices - Help with deciding future decisions and actions	<input type="checkbox"/>	<input type="checkbox"/>
13. Other needs - Any other support not already identified. (please state)	<input type="checkbox"/>	<input type="checkbox"/>

Shared Accommodation

All our bedrooms are designed to be shared, although we try to avoid this whenever we can. Does this present any problems for you? If so please give reasons:

Personal Information

Please provide details of any information stated below

	Yes/No	Please give details
Do you have problems reading/writing		
Do you have any medical conditions?		
Do you have any substance misuse issues?		
Have you been admitted to hospital in the last 5 years		
Do you have a criminal record? (Please ensure you record any cautions as well as convictions)		
Do you have any court cases pending?		
Are you on bail?		
Are you on, or linked in with, Probation?		
Are you or have you ever been subject to an ASBO?		
Do you have any support networks locally?		
Do you have any pets?		

Additional Support

Please provide details of all additional support you currently receive:

	Name	Contact Number
GP Name & address		
Social worker		
CPN/Nurse		
Psychiatrist/Consultant		
Psychiatric Nurse		
Probation Officer		
YOT Officer		
Connexions		
Benefits Agency		
Housing Providers		
Care Package		
Other		

Support Received Details

Please give a brief description of the support you are currently receiving:

How do you hope to benefit from the support if a service is offered to you?

Religious and cultural beliefs

Please can you tell us any information that may help us to support you in relation to your religious and cultural beliefs.

Emergency Contact Details/Next of Kin

Please state below who you would wish us to contact in case of emergency (you may give details of more than one person). Please note that we will not make contact unless we have your permission to do so.

Name:	
Relationship to you:	
Address:	
Telephone No:	

If you are unable to give consent would you want us to contact the above person?

Yes **No** (*circle as appropriate*)

Additional Information

If either the applicant or referrer would like to give any additional information, please add additional sheets, making a note of how many you use in the space below.

Number of additional sheets:

Agreement Signature

I agree that the information I have provided is full and correct. If my application is successful I agree to co-operate with the support staff in working out my support needs and to work with the agreed programme which is designed to support and help me.

Applicant's signature: _____

Referring Officer/Agency signature: _____

Date: _____

References

Please give the names & addresses of two people who have known you for at least two years and are not related to you – one of these can be the referring agent.

1 Name: Address: How long have you known this person? How do you know this person?	2 Name: Address: How long have you known this person? How do you know this person?
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The information I have given in this form is, to the best of my knowledge, true and accurate. I understand that giving false information at this stage may put any accommodation I am offered or obtain in jeopardy.

Signed (applicant):..... Date:

Who filled in this form: Me A Referral Agency Staff Member/Volunteer

If you ticked the Referral Agency box, please complete the following;

Agency Name:

Name of Staff Member/Volunteer:

Address of Agency:

Contact Number:

Are you, the referring agent, willing to provide a character reference for the Applicant?

Yes No

If not, please explain why:

Signed (referral agent).....Date:

Please return the completed form to:
The Support Services Co-ordinator
The Bridge Trust, 17a Quarry Hill Road, TONBRIDGE TN9 2RN

CONSENT FORM

Permission to share information with External Agencies and Individuals.

I understand that in order to undertake its responsibilities effectively, Staff at The Bridge Trust may need to share information it holds about me to External Agencies and Individuals. I hereby give my permission for them to do that, with the following provisos;

- 1 The process should be intended to be of benefit to me.
- 2 All the information sought or divulged will be relevant to progressing this application.

Name:

Signed:

Date:

Equal Opportunities Monitoring Form

The Bridge Trust has a policy of respect for the individual. We maintain this by ensuring fair and reasonable treatment at all times and by taking active steps to provide an environment which is free from discrimination, harassment and victimisation on the grounds of anyone's gender, marital status, sexual orientation, religion, race, colour, ethnic origin, or age.

Please complete this form and submit it with your application. The information on this form will only be used to monitor the effectiveness of our Equal Opportunities Policy and forms no part of the accommodation application process. If you do not wish to complete any or all parts of this monitoring form please send in your application for accommodation regardless. Non-completion of the monitoring form will not affect how we process your application in any way. Upon receipt of your application this form will be detached from your application and stored separately. In compliance with the Data Protection Act, all information you give will be strictly confidential.

Sex

Male

Female

Age

Under 18

18 – 25

26 – 50

51 – 64

65 and over

Ethnic Monitoring

Please make sure you read all the categories and then place a cross in the box that applies to you.

White

White British

White Irish

Any other White background

Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background

Asian, or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background

Black or Black British

Caribbean

African

Any other Black background

Other ethnic groups

Chinese

Any other ethnic group

Refused

Disability

Do you consider yourself to have a disability?

Yes

No

If so, what category does it fall under?

Hearing, speech or visual impairment

Co-ordination, mobility or dexterity

Mental health

Learning difficulties

Other physical or mental disability, please state nature of disability

Do you have any special access requirements?

Yes

No

If Yes, please specify:

Sexuality

Heterosexual

Bisexual

Gay

Lesbian

Other, please state

Religion

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

None

Other, please state

Thank you for completing this form.